

IME Roundtable via Zoom – Administrative Topics September 09, 2021

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Introductions, Safety Message, Agenda Updates:

Kristen reviewed the purpose of the Roundtable meetings and meeting norms. Zoom meeting etiquette was also reviewed.

Knowrasa Patrick was introduced. She is the new Self-Insurance (SI) program manager. She started in June and this is her first IME Roundtable meeting.

The safety message was about medication safety. Notify your doctor about any changes at your next visit. Ask your doctor if you should continue taking your medication. Make sure you are taking your medication properly. Monitor your medications for improvements or for side-effects. Make sure you follow-up with your doctor when they need to see you.

The agenda was reviewed.

Case Progress: Debra Hatzialexiou

Debra gave an update regarding the rule writing underway regarding Case Progress. They are in the middle of the rule making process. The rule draft language was shared. The definition for case progress, WAC 296-20-01002, IME definitions for a Case Progress exam and when it can be requested and scheduled, WAC 296-23-302.

The team worked on this with the AG office and other internal staff. There are no doctors on the drafting committee but they have been taking comments from a variety of stakeholders including physicians. The list of participants on the workgroup can be sent out. The IME coalition letter has been received along with helpful comments from other external stakeholders. The group will be making adjustments based

on feedback received. This draft language will be updated and sent out when the hearing for public comment is scheduled.

The question was asked why IMEs are not considered consultants as they have been in the past. This can be taken back and reflect on it. If changes are made before the hearing they will make sure to circulate them. In the rule making process there will be a hearing and public comments will be taken. Adjustments will be made and comments will be responded to.

IME Fee Schedule – Bob Mayer

Bob gave an update regarding the work on the fee schedule that is underway. The group accomplished internal and external interviews. External interviews were conducted with reps from firms and an examiner that only does SI exams. They have consolidated the feedback and now dividing into work teams. Work streams are currently looking at reimbursement levels as this is a top issue. They are also looking at the structure of the fee schedule and at recruitment issues. There are a lot of hard to get specialties and they are looking at what barriers and possible incentives. A work plan has been developed that includes drafting an updated fee schedule and payment policies, stakeholdering the draft updates, and finalizing and implementing the updates. The implementation would coincide with the July 1, 2022 Fee Schedule update. However, it could be done sooner depending on the updates that will be done.

In the last Roundtable meeting the group was told the fee updates would not have to wait until July 1. If the structure of the fee schedule is adjusted then there is more work that's required including system updates. They are working on a fee schedule that works for everyone. The firms were shocked to see fees went down this year and asked if there is a way to go back to the fee schedule from last year. The group would like to see this work done before the July 2022 update. When are the firms going to start seeing drafts on the updates? The group is looking into how the fees are calculated in the future. They do not have the authority to readjust codes that went down but can take this back. The final decision would be made by Karen Jost and Vickie Kennedy. They are looking at early November to have a draft of the updates to share.

The committee consists of reps from HSA, claims, and scheduling. They do have time set aside if there needs to be more stakeholdering. The group is trying to think outside the box and come up with something that is equitable for workers, firms, and the department. The suggestion was made, when looking at travel they should think of time spent traveling instead of miles due to issues with traffic. 60% of single examiner IMEs do not bill additional codes. They are currently trying to determine what is really going on by looking at billing data. If any firms have their billing data and would like to send it, it would be helpful if they would like to send it to the team.

Examiner Education Needs – Joel McCullough

There have been different educational efforts for IMEs and training. There have been seminars, online education, and education at the roundtables. There is discussion about what is the best way to get training for examiners, what types of topics, and what types of venues would be the most beneficial. The easiest venue would be online so examiners can take it during their free time. Some helpful topics would be general report writing skills. Live presentations with power point slides would also be helpful. Other training topics suggested include training on frequently made mistakes and how to correct those, something on the MEH updates each year, what are the most common worker complaints and how to avoid them, most common mistakes in reports found during the ONC reviews, and training on the different impairment rating systems. One examiner suggested Stanford 25 medical school has good training for providers. Possibly offering training for APs on how to properly document on reports and

send in testing reports. Consultants and APs that rate do not always do so correctly because they do not do them on a regular basis. They will need some education on rating as well. Any other comments or training suggestions can be sent to Joel.

IME Program Updates:

Interpreter Scheduling System: Kelli Fussell

Kelli introduced Cristy Zarate who is the new Interpretation Services Manager. The previous milestones were reviewed. The options available for all in-person interpreter scheduling are interpretingWorks for scheduled appointment and CTS LanguageLink for over the phone or video interpreting. Based on feedback from IME providers, an immediate email notice from interpretingWorks is sent to the firm when there is no approved interpreter with the language requested. There will also be an email notification if the request remains unfulfilled two weeks prior to the appointment date.

There is an exception for IME firms to use on-demand interpreting scheduling. This process is not typically used for scheduled appointments however, due to issues with late cancels or interpreter no shows, on-demand scheduling can be used for IMEs. If the request is not filled 24 hours prior to the IME appointment, the assigned interpreter cancels within 24 hours of the exam, or the assigned interpreter does not show up for the exam, the firm can use the on-demand scheduling process. The firm should note in scheduling system that there was a switch and the reason. Noting these reasons allow interpretingWorks to track these reasons. For on-demand appointments, the interpreter submits an ISAR form along with their bill. The department is working on a process for ASL interpreters. The contact information was shared for CTS and interpretingWorks. If firms or providers have either compliments or concerns, they can be sent to L&I and these are tracked.

CTS does not offer ASL for video at this time. The look up tool is the only way to find and schedule ASL interpreters right now. Firms are unable to schedule interpreters in groups through interpretingWorks. The group scheduling is a process that interpretingWorks has available and it was shared so everyone knows what they offer. The question was asked about the background of the switch to interpretingWorks from the old way of scheduling interpreters. There was a legislative change that directed the department to create a new process.

Several firms noted that there is the list of approved interpreters on the look up however, when they call them to schedule the interpreters tell them they are not allowed to do IMEs. The interpreters can sign up with interpretingWorks and be available to accept all types of scheduled exams. If the type of language is not available on interpretingWorks the firms can contact interpreters on the look up tool. The department might need to communicate with the interpreters on the look up that they can accept IMEs when firms contact them. Cristy is working on a communication to the interpreters and providers and can include this information.

The group noted that the 24 hour rule does not make sense and does not work well. If the firm knows 10 days before the exam that they can't get the necessary interpreter through interpretingWorks, why do they need to wait until 24 hours to schedule an interpreter from the look up? It's extremely difficult to find an interpreter with availability in 24 hours. There should not be this restriction if interpretingWorks cannot schedule and they send the email two weeks prior to the exam. Several firms said they have had interpreters scheduled through the system that leave before the appointment is over to make it to other appointments, or they are on their phone accepting future referrals during the exam. Telephonic interpreters do not work for most IMEs. They have issues with dropped calls and not getting a response. Firms can send an email to the department if they come across these issues. If there are details on the interaction like date, time, claims number, then CTS can look into it.

Examiner Exit Surveys – Kelli Fussell

Kelli gave an update on the examiner exit and retention surveys. These came about from suggestions to do examiner exit surveys from the 6440 workgroup. They also received feedback that retention surveys would be good as well. This process was implemented on April 1, 2021. The first quarter results are available. There were only responses from the retention surveys this quarter. There were three exit sent but there were no responses. In the future there will be demographic information on the surveys sent out. In this first quarter there were 6 retention surveys sent out. The questions and responses shared. We will be tracking the responses over time and coming up with improvements that can be implemented in the future.

The group agreed the responses are not too surprising and they're glad the department is seeing these. Kelli does send the information from responses right away to teams when it is regarding claims, fees, etc. The department should keep in mind why examiners do IMEs and remember that not all examiners HAVE to do them, they want to do them.

6440 Legislative Update – Karen Jost

Karen gave a brief update on the 6440 work being done. There was a companion piece to expedite exams which included reimbursement for expedited exams. There was also refresher training for CMs and information distributed to CMs and SI on collecting necessary documentation and considering a consult first.

Work that is currently underway includes the CR102 filing which is anticipated to be done between September 21 and October 05, and hearings starting around October 26. The proposed language for these rules will be included in the CR102. You can comment on these for up to a month before final language will be filed in the CR103. Comments can also be submitted at the hearing. The rulemaking includes defining case progress for IMEs, limiting the number of IMEs allowed on a claim, and resolving disputes to IMEs under SI. Other work underway includes promoting and encouraging CMs to request consultations via the AP, reviewing and updating the fee schedule, and considering the options for improving claim file organization.

The fee schedule is being worked on and feedback and comments are important. It's important to do this well and create fee schedule that works well for everyone and is sustainable. The claim file organization discussed reducing duplicates and better organizing documents. However, the department is not currently in a position to request funding and additional staff to do this at this time.

Future work items were shared. These included exploring ways to reduce the number of IMEs per claim. This was driven by reports of excessive number of IMEs per claim. The department will look at this to see if there is any need to reduce number of IMEs on claims. These will all be reviewed for future work and improvements.

Staff are working on implementing current rules now that clarify what is now in statute. As of right now there is not believed to be anything in the statute about limiting IMEs to a specific number of per claim. The department will follow the process for submitting CR 102 for all WACs being worked on.

The question was asked if the department is going to require that the consultant review all past medical history to make their determination, and if these consults be done by MD DO DC etc.

similar to IMEs. Right now the department is encouraging the use of consults which are already part of the system. There has been no decisions on creating the consult list and who will be listed. There are existing WACs regarding consultants that describes the requirements of a consultant exam. The specific WACs can be gathered and sent out after the meeting. Nancy included WACs in the chat 296-20-045 and 296-20-051.

WHODAS – Joel

Joel gave a quick update regarding the WHODAS requirements. A final decision was made and the WHODAS is no longer required in mental health IMEs. This was voted on by IIMAC in April of this year. This has been updated in the MEH.

DOH Communication – Covid-19 Vaccine - Joel

Joel shared some information regarding DOH communication regarding vaccine requirements. The requirements apply to employees, volunteers, and contractors who work in a healthcare setting. There have been questions regarding what this means. The FAQ by DOH was shared. This is a 14 page document that covers most of the questions regarding the proclamation. This is a good resource for information.

The group asked if a healthcare provider who was not vaccinated for a physical or religious exemption, what are the accommodations that are allowed and does telemedicine fall under the proclamation. The firms should check the FAQ. It will be up to the firms to determine necessary accommodations. Telemedicine does fall under the proclamation.

Measuring IME Quality/ONC – Tanya Weber

Tanya shared the history behind the report reviews. L&I is mandated to monitor quality and objectivity of IMEs and reports. Examiners are reviewed for their re-credentialing, every three years or when required. New examiners are reviewed twice in the first months of performing IMEs which may not always be right after they were approved. They are also reviewed more in-depth when issues are found or there are multiple complaints.

Complaint data is reviewed as part of the IME quality review process. There were concerns about how this data is used. Anytime a new review is done, Tanya takes a look at the complaint data which gives awareness of any issues that might be coming up. Recent claims data are used for all reviews.

There are three elements looked at in the quality review; is the required content present in the report, is the impairment rating correct if applicable, and is there a non-billable addendum request. The intent of the letter to the examiner and firm is to give some feedback and guidance on what might need to be addressed. Internally these reviews can help identify areas that need improvement for all examiners and possible updates to language in the MEH. They also help identify gaps in examiner education, and in some circumstances take action if necessary. There have only been a few of these circumstances in the last three years.

The intent when reporting these stats to roundtable is to give updates on how IME examiners are doing as a whole as well as specialty groups. To see if there are any opportunities for training, discuss trends of particular issues that have been identified, and to help spur feedback and quality improvement discussions.

Tanya shared stats from orthopedists and neurologists compared to all other specialty types. The stats were from 2150 reviews done between 2019 and present. The IMEs with incorrect impairment ratings

will be tracked over time to report out on and will help decide any future training. The numbers of IMEs reviewed that required non-billable addendums has stayed pretty consistent over time so far.

The suggestion was made to look at the types of claims regarding the impairments; i.e. spine impairments, etc.

These reviews are mainly State Fund claims right now with a small handful of SI claims reviewed. There is not a way right now to easily get SI reports since they are not automatically sent to the L&I system. The goal is to better integrate SI into this review process. As the IME ONC, Tanya does not do AP or consultant impairment reviews. This might be done by OMD and is a good recommendation to compare those in the future.

MEH Updated July 1st – Kristen Baldwin-Boe

Kristen announced that the MEH was updated in July. The 2nd page of the handbook has a list of the updates. This was shared with the group. If there are any questions about update or suggestions for future updates, these can be sent to Kristen.

Telemedicine Rule Update – Kristen Baldwin-Boe

The 6440 legislation required the department to create rules around how to accommodate the worker when there is no examiner in a reasonably convenient location, including telemedicine. There was a UW study that was completed. The department received the report at the end of June. There has been a mixed reaction to telemedicine IMEs which was expected. The general consensus is that they are good for mental health IMEs, but not great for exams that require a hands on exam. The IME ONC reviewed all the telemedicine IMEs completed in the past year and shared the results in previous meetings.

The first draft of the new rule language has been completed. The next steps include meeting with internal stakeholder groups for comments and edits, then meeting with external stakeholder groups for comments. Once that is complete the CR102 will be filed. The IME temporary policy for telemedicine exams has been extended until the official rule is published and in effect. The department is working on a permanent payment policy for all telemedicine exams.

Kristen can send out the draft language after meeting with internal stakeholders.

Unit Updates – Scheduling, Claims, Self-Insurance

Scheduling – Stuart

Stuart gave a quick update on scheduling stats. The number of new claims being filed has dropped since Covid in March and April 2020, then shortly after the number of referrals dropped. The most recent quarter is the second quarter of 2021, and referrals are 67% of what they were at this time in 2019. The number of new claim filings are up 136% above 2020. This is all state fund data as we do not have the SI info.

There was a slight drop in referrals that corresponded with the training for CMs, around December 2020, and in January 2021 there was another a dip when the 6440 legislation went into effect. This was an expected drop as everyone was getting training and learning the new rules.

Claims – Nancy

Nancy gave a short update on the use of consults vs IMEs. The CM training has always been that they try to resolve any issues at the lowest level. They try to get the information from the AP or via a consult before moving on to an IME. Nancy is working with Stuart to pull data to see if there has

been an increase in consults coming in, however there is nothing new in the process.

Currently looking at data to see how many consults are requests, how many are done, and how many end up getting IMEs. The request from the CM does not currently direct who the consult should be with. The letter that goes out to the AP says the claim may be done with treatment and asks if the AP will do the rating or refer the worker out for consult. The reporting requirements for consults are different than IMEs. The billing would depend on the codes the consultant uses. Any IME examiner could get a provider number to do consults. The fees for consults do not have the add-ons that IMEs do but they do have to provide a report.

The group asked is a consult from a PA constitute a consult or if a physician's input is required. That depends on what the consult is for. An ARNP may be able to do a consult on treatment but impairments must be done by specific provider types.

Self Insurance – Kelli Zimmerman

There were no new updates for SI. There will be an update with the SI community and they will be talking about the timeliness of getting records to IMEs.

Open Discussion Topics:

Right now there is still the required two week turn around on reports, is this being looked at for more complex claims? This turn-around time is in a WAC and there have not been moves to update this WAC. In the current 14 day process firms can ask for an exemption for these types of exams though.

When looking at report quality, is the turn-around time of the report taken into account? The ONC does not look at how quickly the report was received when reviewing for quality.

The department should look at the 24 hour rule when scheduling on-demand interpreters. One firm notes they have an exam in morning on Monday. No one in clinic will be able to get ahold of someone on the weekend to fit the 24 hour notice. The group would like to reinforce the need to have more than 24 hours to get an interpreter when the type is not available in the system. When the situations do arise with the 24 hour rule not all firms can have a staff member at exam location calling around to find an interpreter along with their other job tasks. Some firms have had to centralize their interpreting scheduling however this creates a pressure on panel and office staff member to explain to worker that they could not find an interpreter. One firm noted there was one time they were able to get a CTS phone interpreter and it worked well, however CTS phone and CTS video do not know about each other and cannot transfer from one to the other. It would be good to get this information back to CTS that it's not as user friendly as it could be.

Something brought up with interpretingWorks is human element is missing, especially when there is a late cancel. It's helpful to be able to have this communication with a specific person instead of relying on interpretingWorks to work out the issue. It would be nice if interpretingWorks had a way to help deal with the late cancels. interpretingWorks is gathering data on late cancels and no shows and looking at the "why". In the system there is a way to record this and if there is an issue with a specific interpreter then interpretingWorks can see and work on this.

There was a comment regarding the fee schedule review. The suggestion was made that as the workgroup gathers different types of information from stakeholders, they should look at how long it takes to do IMEs and compare that to how long it takes OMD to do a review an IME, and what they are paid. At the low end it takes OMD 4 hours just for the review and that does not include anything the firms do as far as scheduling and getting records together. This might help their decisions on the fee

schedule.

If any additional topics for future meetings can send to Kristen or Kelli

NEXT IME ROUND TABLE MEETINGS

Thursday, Jan. 13, 2022 – 9:30 am – noon Tukwila Service Location?

Thursday, May 05, 2022 – 9:30 am – noon Tukwila Service Location?